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Bib Data Sheet

CONFIRMATION NO. 6199

|                                    |   |                     |                               |   |
|------------------------------------|---|---------------------|-------------------------------|---|
| <b>SERIAL NUMBER</b><br>10/024,452 | <b>FILING OR 371(c) DATE</b><br>12/18/2001<br><b>RULE</b> | <b>CLASS</b><br>002 | <b>GROUP ART UNIT</b><br>3765 | <b>ATTORNEY DOCKET NO.</b><br>1240-PA03 |
|------------------------------------|---|---------------------|-------------------------------|---|

**APPLICANTS**

Donald Rauscher, Palm Springs, CA;

**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/258,531 12/26/2000

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 01/28/2002

|  |                               |                            |                          |                                |
|--|-------------------------------|----------------------------|--------------------------|--------------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input type="checkbox"/> no   | <b>STATE OR COUNTRY</b><br>CA | <b>SHEETS DRAWING</b><br>3 | <b>TOTAL CLAIMS</b><br>1 | <b>INDEPENDENT CLAIMS</b><br>1 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                               |                            |                          |                                |
| Verified and Acknowledged<br>Examiner's Signature _____ Initials _____   |                               |                            |                          |                                |

**ADDRESS**

27189

**TITLE**

Magnetic therapy belt

|                                   |   |  |
|-----------------------------------|---|--|
| <b>FILING FEE RECEIVED</b><br>435 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees                              |
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